

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90268 036 ****61.25

DOCUMENT # N18551

1. Entity Name

MANDARIN SCHOOL OF CHINESE MEDICINE, INC.

Principal Place of Business

4237 SALISBURY RD N.
 SUITE 108
 JACKSONVILLE FL 32257

Mailing Address

4237 SALISBURY RD N.
 SUITE 108
 JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2847404

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REWLS, DEBORAH B
3339 SHERIDAN RD
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Deborah B. Rewls

5/1/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T	STARR, MARY	1113 LONDONDERRY DR	ORANGE PARK FL 32065	<input checked="" type="checkbox"/>
T	FARLOW, MICHAEL	PMB 313 5711-15 BOWDEN RD	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/>
T	GOOSSEN, SHANNON	8227 MAR DEL PICOTA ST	JACKSONVILLE FL 32256	<input checked="" type="checkbox"/>
T	WALLACE, PATRICIA	4083 SUNBEAM RD #1112	JACKSONVILLE FL 32257	<input checked="" type="checkbox"/>
TR	STEWART, SUSAN	2010 GROVE ST	JACKSONVILLE BCH FL 32250	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PS	Ingram Caswell	1170 Neck Road	Ponte Vedra Beach, FL 32082	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Travers O'Connor	3654 Bridgewood Dr.	Jacksonville, FL 32277	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Susan Stewart	2010 Grove Street	Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Barbara Bishop	1248 Deer Creek Way	Ponte Vedra Beach, FL 32082	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Chuck Mitchell	9264 Wesley Cove Ct.	Jacksonville, FL 32257	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Stewart* **STEWART, SUSAN** 5/1/01 904-296-0906

CR2E037 (10/00)